

Department Of Public Safety
Division Of Fire, Emergency And Building Services
Office Of Education And Data Management

**Application
To Conduct An Outside
Telecommunication Training Program**

Please **print clearly**. Thank you.

PROGRAM COORDINATOR: _____
First Name MI Last Name

COORDINATOR CONTACT PHONE #: () _____

COORDINATOR EMAIL ADDRESS: _____

CLASS PRIMARY INSTRUCTOR: _____
First Name MI Last Name

INSTRUCTOR PHONE #: () _____ EMAIL: _____

(If more than one instructor, list them here)

(1) First Name MI Last Name (2) First Name MI Last Name

YES NO
☐ ☐ Are all instructors certified as a telecommunicator instructor?

If "Yes" give date certified: _____

If "No" please explain: _____

CLASS DATES: _____ DAILY CLASS HOURS: _____
Beginning Date Ending Date

CLASS LOCATION: _____
Room Address City Zip

TEST LOCATION: *(If Different From Above)*

Room Address City Zip

NUMBER OF STUDENTS TO BE ENROLLED: _____

NUMBER OF STUDENTS TAKING EXAM *(If different from enrollment number)*: _____

Please submit your course outline along with this application



Fax: (860) 685-8611

OR



Mail: Department of Public Safety, Office of Education and Data Management
1111 Country Club Road, Middletown, CT 06457

OR



Email: carol.m.driscoll@po.state.ct.us

You will be notified within one week after receipt of your application and course outline if approved or denied.